

**Meeting Minutes of
The Governor's Council on Behavioral Health
8:30 A.M., Thursday, December 8, 2005**

The Governor's Council on Behavioral Health met at 8:30 a.m. on Thursday, December 8, 2005 in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Richard Leclerc, Chair; Carrie Blake; Lynda Bryan; Sandra DelSesto; Diane Dwyer;
Present: Noreen Mattis; Peter Mendoza; Neil Corkery; Reed Cosper and Liz Earls.

Ex-Officio George McCahey and Sandra Woods, DCYF; Colleen Polselli, Department of Health;
Members Fred Friedman, Department of Corrections; and Marie Strauss, Department of Elderly
Present: Affairs; and Craig Stenning and Gene Nadeau, Department of MHRH.

Guests: Tom Coderre

Staff: Charles Williams, Mary Ann Nassa, and Corinna Roy.

Once a quorum was established, the Chair, Richard Leclerc, called the meeting to order at 8:45 a.m.

The Chair entertained a motion to accept the Minutes of November 15, 2005. Sandra DelSesto motioned to approve the minutes, and Lynda Bryan seconded the motion. With correction in the spelling of Colleen Polselli's last name and correction of Sandy Woods' last name, all were in favor, and the minutes were approved as amended.

Corinna Roy mentioned that Marco Andrade, who presented the Co-Occurring State Plan at the last meeting, resigned to move to Maine; and if there were any recommendations regarding the Co-Occurring State Plan, Charles Williams will now be the contact person at cwilliams@mhrh.ri.gov or by telephone at 462-0759.

FY 05 BLOCK GRANT IMPLEMENTATION REPORT

Corinna Roy voiced her apologies for the short turn-around time allowed to provide comments, but welcomes comments on an ongoing basis in order to improve the process for next year.

Corinna reported that the Implementation Report represents how well goals were met for the fiscal year 2005 plan, and that the State is subject to a 10-percent penalty if 100 percent of the goals are not met; therefore, vigorous targets are not typically set. All goals were met with the exception of a few that fell short by just a few percentage points that were not statistically significant.

Corinna reviewed the report:

Criterion I deals with the distribution of services over time and what it is estimated to be in the coming years. More specifically it measures things like assertive services; case management services; reduction in hospitalization; client identification of treatment team services; and client perception of care, which is 5-part measure and a national outcome measure (NOM).

Corinna noted a slight decrease in case management services and a slight increase in employment services created by a change in the reporting system of one of the providers. They are now providing more job services and have moved those services out of case management to a stand-alone program.

Corinna reported that the targets for percent employed, percent living independently, and contact with the criminal justice system were all met 100 percent.

Corinna reviewed prevalence and utilization rate measures, as well as management system measures that look at financial issues. Corinna stated that some of the prevalence numbers are provided by CMHS, and although targets have been met for this report, services are being provided to fewer

individuals than had been expected which is likely to due to an increase in the cost of services with a lower rate of increase in funding than expected—or even a decrease in funding in some cases. Corinna then entertained questions.

Sandra DelSesto reported that while attending the Children’s Cabinet meeting, five priorities were identified, one of which is transition planning and behavioral health. Sandra suggested that the Governor’s Council collaborate with the Children’s Cabinet regarding this issue.

Gene Nadeau recalled comments in the minutes of the last meeting suggesting a desire for the State Plan to include transition planning as a goal with the involvement of various other State departments. Corinna added that it is mentioned repeatedly in yearly block grant plans as a priority for the state and the Governor’s Council.

George McCahey added that one of the ongoing issues that DCYF is dealing with is the high-end placement for developmentally disabled children who are boarding at the hospital. George stated that regarding the block grant implementation report of 2005 this is one area of concern, along with the purchase of service that is the high-end, individualized, residential placements authorized by DCYF for approximately 100 kids, 85 of which are in surrounding states. George reported that over the last couple of years that number has remained constant at approximately 100 to 105 placements. The number of in-state placements has been increasing since the State started developing more high-end residential treatment centers and specialized foster homes.

George reported that this will be the first year that the State will be able to take a total look at all publicly-funded kids which are: RiteCare, fee-for-service Medicaid, and the uninsured. Up until now there have been three separate funding streams which leads to three separate programming plans, but this year a database has been developed to review all of it.

SCHEDULE OF MEETINGS FOR 2006

Richard Leclerc reviewed the Schedule of Meetings for 2006, which was distributed with the Minutes of November 15, 2005. He asked that these dates be marked in council members’ calendars for next year. After a review, there were no objections. Richard explained that after surveying the group several times, and avoiding religious holidays and other conflicts, the dates and times specified seem to be the best times for members to meet; therefore, the schedule will stand as presented and if there are any changes in the future, the members will be advised. (*See Attachment II–Final Version-Schedule of Meeting 2006.*)

REVIEW OF THE SUBSTANCE ABUSE BLOCK GRANT

Richard Leclerc stated that the Governor’s Council has a statutory obligation to comment on the Mental Health Block Grant to the federal government, but it does not have that same role for the Substance Abuse Block Grant. However since the Council is the Behavioral Healthcare Advisory Council, Richard welcomed the information for comments back to the Department of MHRH.

Richard introduced Charles Williams, Chief of Prevention and Planning. Charles Williams stated that the Substance Abuse Prevention and Treatment Block Grant is submitted annually to SAMHSA. It is administered through SAMHSA’s Center for Substance Abuse Treatment although part of it is administered through the Center for Substance Abuse Prevention.

Charles explained that there is a required 20-percent minimum set aside for primary prevention activities, a maximum of 5 percent can be used for administrative activities and the balance is for treatment activities. The block grant itself represents approximately 25 percent of the Division’s budget for substance abuse prevention, treatment and other activities.

Charles reported that in federal 2005, which is the fiscal year that just ended September 30, the total funds that Rhode Island received were about \$6,658,331. SAMHSA uses a formula to calculate the amount that each of the states receive.

Charles distributed a list of ***SAPT Block-Grant-Funded, Community-Based, Substance Abuse Prevention*** providers that are funded through the prevention set aside of the block grant (*See Attachment I*). Reed Cosper requested that the dollar amounts that they are receiving be indicated next to each of the providers. Charles stated that he will prepare a list of all of the providers receiving dollars from the block grant, prevention and treatment, and the number of dollars they receive for adult treatment along with dollars that support adolescent treatment.

Charles apologized that the block grant had not been posted on the MHRH Internet page and plans to have it available on line as soon as possible.

The 20 percent set aside, which is the minimum that must be set aside for primary prevention activities, supports a range of activities across six areas: information, dissemination, community-based process, environmental strategies, alternative activities, education, and problem identification and referral. Charles explained that these six strategies are mandated by the Center for Substance Abuse Prevention; and as reports are received from recipients of prevention set-aside funds, they are required to array their expenses across those six strategies.

Charles reported that within the treatment side at least 70 percent must be spent on substance abuse treatment activities. Residential, outpatient, day, opioid treatment, and detoxification services are all funded for adults and youth who are uninsured and who have incomes at or below 200 percent of poverty.

The American Society of Addictive Medicine (ASAM) Patient Placement Criteria is utilized in determining level of care and continued treatment.

Rhode Island has a 5 percent set aside for HIV early intervention activities at all funded narcotic or opioid treatment Methodone programs.

The Division of Behavioral Healthcare does not use the 5 percent administrative maximum for administrative services. Those funds are directed back into prevention and treatment services.

Sandra DelSesto mentioned that the amount of money that went out for the substance abuse prevention block grant was around \$860,000, which is 13 percent of the block grant. Sandra asked where the other 7 percent of the block grant goes. Charles stated that some goes to student assistance programs, the Rhode Island Substance Abuse Prevention Act (RISAPA), and Synar.

Charles explained that a number of years back, now deceased Representative Mike Synar of Oklahoma, sponsored a piece of legislation which is named after him, the Synar Regulation. It was an amendment attached to the substance abuse prevention and treatment block grant. The purpose of the regulation of the Synar amendment is to reduce youth access to tobacco products. It requires that states not only enact and enforce legislation prohibiting the sale of tobacco products to minors, but that the states meet certain targets. If a state does not meet their target, they are in danger of losing up to 40 percent of the block grant across prevention and treatment. Charles recalled that a number of years back, Rhode Island was one of six or eight states that did not meet their target.

Charles continued by stating that the block grant dollars are used to support merchant education activities, which are allowable under the block grant. An annual survey of tobacco retailers is conducted in order to determine the statewide youth sell rate. Rhode Island's target is to achieve less than a 20 percent sell rate.

Charles stated that the major concerns looking at the block grant going forward is that SAMHSA is planning to institute a single set of National Outcome Measures (NOMs) which could replace or add to current reporting measures in the block grant for treatment, prevention, and mental health services. All of these measures have not yet been approved and promulgated. Charles stated that it is anticipated that the measures will appear in the block grant for Fiscal Year 2007, which will be the block grant application that will be completed next summer.

Noreen Mattis asked if the national outcome measures will be looking at efforts to provide integrated services for co-occurring disorders. Charles stated that they do not and that the outcomes are clearly separate, and the dollars for treating those with co-occurring substance abuse and mental health disorders have to be separate and clearly identified.

Marie Strauss stated that SAMHSA has begun to collect data on older adults and asked if there were any funds available in the block grant set-aside specifically for older adults.

Charles responded that there are no set asides within the substance abuse prevention and treatment block grant for older adults. There are no proposed National Outcome Measures that are specific to older adults. Craig Stenning added that although there is no set aside, the funding that goes into both substance abuse treatment and prevention is not limited by age. There are no restrictions on age within substance abuse.

Charles stated that demographics, which include age, are maintained within both prevention and treatment datasets.

RATIFICATION OF LETTER TO GOVERNOR CARCIERI

Richard Leclerc brought attention to a letter sent to Governor Carcieri dated November 29th, which was distributed with the Minutes of November 15, 2005 that recommends the submission of the Implementation Report to SAMHSA. Richard requested a motion for ratification for his actions in sending that letter to the Governor. Liz Earls made a motion to ratify the correspondence to the Governor, and Neil Corkery seconded the motion. All were in favor, and so moved.

UPDATES FROM MHRH

Craig Stenning reported that in the current year's budget there is a 70 million dollar deficit, and all departments have been requested to submit a plan to reduce expenditures to resolve that gap. The deadline for those submissions was Friday, November 4, 2005. Craig reported that the items submitted from MHRH do not affect the community, with the exception that the budget office has put a freeze on state level capital expenditures for any projects that have not already been encumbered.

Craig anticipates that the division will be affected because vacant positions may not get filled for a while. Craig reported that the budget office will review every vacancy, and if they are direct-care positions, they will probably be filled, but if they are not, they probably will not get filled. Craig stated that part of MHRH's reduction plan includes keeping a number of vacant positions vacant as a way of saving money. The position of Associate Director for the Division of Behavioral Health had previously been approved to be posted. Craig reported that if that position is not caught by a freeze, it

will be posted after the first of the year. The Associate Director of Developmental Disabilities was also submitted prior to the executive order.

Craig reported that the Division has granted an exception to its current Behavioral Health regulations for opiate treatment programs so that if they meet a number of conditions set forth, they can close on Christmas Day. Although closed on that day, they will be required to have a 24/7 capability in case of emergency and must stay open later the evening before. This procedure will be monitored; and if it goes well, the Division would be open to amending the regulations to make it permanent.

Craig added that there is also a target reduction for next year's budget. Several of the initiatives put into MHRH's reduction plan require preparation for implementation of those initiatives on July 1, 2005 in order to accomplish the savings. Craig reported that they are in the process of planning some of the projects even though there is uncertainty whether they will make it out of the governor's recommended budget or through the general assembly.

Craig reported that Brandon Krupp, M.D. resigned as Medical Director of Psychiatric Services at Eleanor Slater Hospital and Richard Wagner, M.D., who has been the Medical Director for the Division of Behavioral Health, is the Acting Medical Director of Psychiatric Services.

Craig reported that the Division has just completed developing a joint behavioral health and Medicaid monitoring procedure to be implemented by a team with both mental health and substance abuse staff. They will be performing the first large comprehensive mental health organization monitor next week at East Bay Mental Health Center. In the past, several teams would audit separately. This procedure is a part of the new licensing standards. A computerized monitoring tool has been created which will be shared with the providers so that they will be aware of the questions prior to the monitoring.

Finally, Craig reported that each state has been charged by the federal government to develop a plan dealing with the Pandemic flu; and because of the work accomplished in the past around disaster planning, the Division has been charged with developing the Behavioral Health State Plan, along with the MHRH Department Plan outlining how the Department would continue to run in the event of this flu. It is anticipated that if the flu hits, 40 to 50 percent of the workforce would be out of work.

Richard Leclerc asked Craig Stenning if the Department's plans regarding possible July 1 implementations concerning budget reduction targets are public information. Craig stated that information will not be public until it is received from the Governor's Office. Craig reported that what he could share was that the provider index is being continued beyond July 1, 2006 and will not be cut.

UPDATES FROM DCYF

George McCahey reported that the Department of DCYF wishes to formally thank Reed Cosper for honoring his eviction notice so that ground breaking could begin for part of the training school. George stated that it is one portion of the whole training school change over. There will be a larger section for detention along with seven community-based sites disbursed amongst different areas within the State of Rhode Island. One of the staff in George's Division will be assigned to help spearhead the process along with Susan Bowler who will be overseeing the training school. The Department has hired a new group of social workers with no reduction in the authority to hire new line staff.

George reported that the Department has been active with other departments working with the legislature to try to figure out emergency services, and what type of children's behavioral health programs should or should not be rolled into the RiteCare benefit. The final report is anticipated to

come out some time around January 1. Considering the report is going to be recommended to the General Assembly, Richard Leclerc requested that time be reserved during the February meeting for a presentation so that the Council is given an opportunity to discuss it. George stated that he would speak with Janet Anderson about making those arrangements.

George reported that the Department is engaged in a process of developing policies and procedures and protocols for licensing children's behavioral health programs and providers, which differs from licensing required by providers for credentialing with the Department of Health. Liz Earls stated that this process could be a major reorganization of the management and delivery of children's behavioral health services and at its most extreme could essentially take all the responsibility out of DCYF and move it to RiteCare.

OLD/NEW BUSINESS

Charles Williams reported that there was a public hearing held for Prevention Standards and there were a number of comments made. Charles stated that the department was delayed in responding to the comments raised at the hearing. Substantive comments will be reviewed with MHRH legal counsel, and a response will be posted. Charles hopes that will be completed by the middle of January 2006. Craig added that if after legal review, the changes are substantive in nature then it will be necessary for another public hearing to be held.

Richard Leclerc reported that a list of six individuals was forwarded to the Governor's office for reappointment to this Council. He stated that there was some action on it last month, but is awaiting formal notification. Richard will report on the status of that situation at the next meeting.

Richard will inquire about what happened to United Healthcare's presentation for this meeting and will confirm Bill Hancur's presentation of Rhode Island Blue Cross and Blue Shield for the January meeting. Richard will try to reschedule United for the March meeting.

Sandra DelSesto recalled that at last month's meeting she made a motion that the Council support the third year of funding for the SIG sub-recipients. She asked if there was a letter generated around that. Richard stated that he would check on it and make sure that it happens. It was decided that the letter would be addressed to Kathleen Spangler, Acting Director of MHRH.

ADJOURNMENT AND NEXT MEETING

There was no further business. Upon motion made and seconded, the meeting adjourned at 10:10 a.m. The next meeting of the Council is scheduled for **Thursday, January 12, 8:30 a.m. in the first floor Conference Room 126 at the Barry Hall Building.**

Minutes respectfully recorded and submitted by:

Mary Ann Nassa
Secretary, Governor's Council on Behavioral Health

Attachment I: SAPT Block Grant funded Community-Based Substance Abuse Prevention
Attachment II: FINAL VERSION – SCHEDULE OF MEETINGS 2006